
SEE ACCOUNTANTS' COMPILATION REPORT

#	0031906	Report Period Beginning:	07/01/00	Ending:	06/30/01
---	---------	--------------------------	----------	---------	----------

D. How many bed-hold days during this year were paid by Public Aid?

429 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)

F. Does the facility maintain a daily midnight census?

Yes

YES ☒ NO ☐ Non-allowable costs have been eliminated in Schedule V, Column

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐ NO ☒

I. On what date did you start providing long term care at this location?

Date started 12/07/86

J. Was the facility purchased or leased after January 1, 1978?

YES ☒ Date 12/07/86 NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☐ NO ☒ If YES, enter number
of beds certified and days of care provided

Medicare Intermediary

IV. ACCOUNTING BASIS

ACCUAL	X	MODIFIED CASH*		CASH*	

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF					8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	31,058			31,058	11
12	SC					12
13	DD 16 OR LESS					13

14	TOTALS	31,058			31,058	14
----	--------	--------	--	--	--------	----

Is your fiscal year identical to your tax year? YES ☐ NO ☒

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 92.49%

Tax Year: 12/31/2001 Fiscal Year: 6/30/01
* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Page 3

Facility Name & ID Number

Genesis House

#

0031906

Report Period Beginning:

07/01/00

Ending:

06/30/01

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7**	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	125,313	19,417	8,881	153,611		153,611		153,611			1
2	Food Purchase		123,743		123,743		123,743	(15,593)	108,150			2
3	Housekeeping	117,783	14,887		132,670		132,670		132,670			3
4	Laundry	69,379	12,735		82,114		82,114		82,114			4
5	Heat and Other Utilities			58,398	58,398		58,398		58,398			5
6	Maintenance	20,229	12,702	34,356	67,287		67,287	1,979	69,266			6
7	Other (specify):*											7
8	TOTAL General Services	332,704	183,484	101,635	617,823		617,823	(13,614)	604,209			8
	B. Health Care and Programs											
9	Medical Director			32,808	32,808		32,808		32,808			9
10	Nursing and Medical Records	816,103	26,270	19,256	861,629		861,629		861,629			10
10a	Therapy			16,415	16,415		16,415		16,415			10a
11	Activities	39,364	5,792		45,156		45,156		45,156			11
12	Social Services	24,048			24,048		24,048		24,048			12
13	Nurse Aide Training	38,246	486		38,732		38,732		38,732			13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	917,761	32,548	68,479	1,018,788		1,018,788		1,018,788			16
	C. General Administration											
17	Administrative	69,576		1,134	70,710		70,710	(18,528)	52,182			17
18	Directors Fees											18
19	Professional Services			86,343	86,343		86,343	(12,341)	74,002			19
20	Dues, Fees, Subscriptions & Promotions			13,429	13,429		13,429	(160)	13,269			20
21	Clerical & General Office Expenses	92,627	14,947	27,608	135,182		135,182	(2,058)	133,124			21
22	Employee Benefits & Payroll Taxes			183,444	183,444		183,444	15,593	199,037			22
23	Inservice Training & Education			3,981	3,981		3,981		3,981			23
24	Travel and Seminar			13,529	13,529		13,529	(5,269)	8,260			24
25	Other Admin. Staff Transportation			11,817	11,817		11,817		11,817			25
26	Insurance-Prop.Liab.Malpractice			44,082	44,082		44,082		44,082			26
27	Other (specify):*											27
28	TOTAL General Administration	162,203	14,947	385,367	562,517		562,517	(22,763)	539,754			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,412,668	230,979	555,481	2,199,128		2,199,128	(36,377)	2,162,751			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.**

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7**	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			34,838	34,838		34,838	4,925	39,763			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			64,273	64,273		64,273	(42,035)	22,238			32
33	Real Estate Taxes			20,269	20,269		20,269		20,269			33
34	Rent-Facility & Grounds			133,500	133,500		133,500		133,500			34
35	Rent-Equipment & Vehicles			63,046	63,046		63,046		63,046			35
36	Other (specify):*											36
37	TOTAL Ownership			315,926	315,926		315,926	(37,110)	278,816			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			4,970	4,970		4,970		4,970			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			188,040	188,040		188,040		188,040			42
43	Other (specify):* Nonallowable costs			928,742	928,742		928,742	(928,742)				43
44	TOTAL Special Cost Centers			1,121,752	1,121,752		1,121,752	(928,742)	193,010			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	1,412,668	230,979	1,993,159	3,636,806		3,636,806	(1,002,229)	2,634,577			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

**See schedule of adjustments attached at end of cost report

SEE ACCOUNTANTS' COMPILATION REPORT

VI. ADJUSTMENT DETAIL A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	4,925	30		9
10	Interest and Other Investment Income	(39,987)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,259)	43		13
14	Non-Care Related Interest	(2,048)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(160)	20		17
18	Fines and Penalties	(1,861)	43		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(122,015)	43		24
25	Fund Raising, Advertising and Promotional				25
	Income Taxes and Illinois Personal				
26	Property Replacement Tax	(4,750)	43		26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See attached Schedule 5A	(835,074)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,002,229)		\$	30

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,002,229)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

OHF USE ONLY									
48		49		50		51		52	

SEE ACCOUNTANTS' COMPILATION REPORT

Genesis House

Report Period Beginning:

Ending:

ID#

0031906

07/01/00

06/30/01

NON-ALLOWABLE EXPENSES			Sch. V Line
	Amount	Reference	
1	\$		1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
19			19
20			20
21			21
22			22
23			23

24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	0		49

Summary A

06/30/01

[illegible]

[illegible]

Summary B

06/30/01

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

[illegible]

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Catherine Bachand	100.00			Perceptions of Illinois, Inc	Genoa	Nursing home consulting

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES☒ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V			\$			\$	\$	1
2	V		N/A						2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$			\$	\$ *	14

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Catherine A. Bachand	Administrator	Administration	100.00		36	75.00	Salary	\$ 52,182	L17, C8	1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 52,182		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

SEE ACCOUNTANTS' COMPILATION REPORT

SEE ACCOUNTANTS' COMPILATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related Long-Term											
1	LaSalle National Bank		x	Mortgage	\$981.00	6/99	\$ 79,413	\$	6/02	0.0850	\$ 5,299	1
2	Advance Leasing Corp		x	Heating and cooling system	\$803.00	9/99	33,201	24,384	9/04	0.1573	4,305	2
3												3
4												4
5												5
	Working Capital											
6	American Health Fund		x	Working capital	N/A	Various	Various	382,056	Demand	LIBOR	44,838	6
7	Resource Bank		x	Working capital		5/00	85,000		5/01	0.1029	7,783	7
8												8
9	TOTAL Facility Related				\$1,784.00		\$ 197,614	\$ 406,440			\$ 62,225	9
	B. Non-Facility Related*											
10												10
11	Interest income offset										(39,987)	11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (39,987)	14
15	TOTALS (line 9+line14)						\$ 197,614	\$ 406,440			\$ 22,238	15

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.

(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.

(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2000 report.

2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)2000

3. Under or (over) accrual (line 2 minus line 1).

4. Real Estate Tax accrual used for 2001 report. (Detail and explain your calculation of this accrual on the lines below.)

5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C.
(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)

6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.
TOTAL REFUND \$ For 19 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)

7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:

199621,3978

199721,9549

199822,31910

199924,22711

200017,40612

2nd installment of 19999053

1/2 of 2000 taxes -

with 5% increase9500

2001 Accrual18553

FOR OHF USE ONLY

13FROM R. E. TAX STATEMENT FOR 2000\$13

14PLUS APPEAL COST FROM LINE 5\$14

15LESS REFUND FROM LINE 6\$15

16AMOUNT TO USE FOR RATE CALCULATION \$16

\$20,6081

\$22,3242

\$1,7163

\$18,5534

\$5

\$6

\$20,2697

- NOTES:
1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an

application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

SEE ACCOUNTANTS' COMPILATION REPORT

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME	Genesis House	COUNTY	DeKalb
----------------------	----------------------	---------------	---------------

FACILITY IDPH LICENSE NUMBER 0031906

CONTACT PERSON REGARDING THIS REPORT Christine A. Hanover

TELEPHONE (312) 634-4581 FAX #: (312) 634-5518

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

C. **Tax Bills**

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 19,500 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (x) (c) Rent from Completely Unrelated Organization.
(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (x) (c) Rent equipment from Completely Unrelated Organization.
(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).
N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
If so, please complete the following:

1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized: N/A
3. Current Period Amortization: N/A 4. Dates Incurred: N/A

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

1		2		3		4	
A. Land.		Use	Square Feet	Year Acquired	Cost		
1		N/A			\$		1
2							2
3		TOTALS			\$		3

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9			
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
4					\$	\$		\$	\$	\$	4	
5											5	
6											6	
7											7	
8											8	
	Improvement Type**											
9	Leasehold Improvements			1988	572		15	38	38	513	9	
10	Roof			1992	34,891		15	2,326	2,326	22,097	10	
11	Plumbing			1991	1,594		5			1,594	11	
12	Office Furniture Partitions			1992	4,192	419	15	280	(139)	2,380	12	
13	Office Furniture Partitions			1993	1,302	130	15	87	(43)	740	13	
14	Landscaping			1993	13,295	1,329	15	886	(443)	7,531	14	
15	Tile			1993	5,177		15	345	345	2,933	15	
16	Dry Wall			1993	2,500		15	167	167	1,419	16	
17	Building Repair			1994	1,485		30	49	49	320	17	
18	Alarm System			1994	5,391		30	180	180	1,170	18	
19	Road Paving			1994	36,015		30	1,201	1,201	7,806	19	
20	Window and Door Replacement			1994	27,934		30	931	931	6,052	20	
21	Parking Lot Repair			1994	796		30	27	27	175	21	
22	Heating and Air Conditioning			1994	15,850		30	528	528	3,431	22	
23	Parking Lot Sidewalk Repair			1995	64,241		30	2,141	2,141	11,776	23	
24	Plumbing, Heating, Electrical, Carpeting			1996	12,760		360	425	425	1,913	24	
25	Building Repair - new windows			1997	9,930	993	25	397	(596)	1,390	25	
26	Building Repairs to kitchen			1998	4,137	413	25	165	(248)	578	26	
27	Bathroom Repairs			1998	11,990		25	480	480	1,200	27	
28	Windows			1999	34,053	905	15	2,271	1,366	3,406	28	
29	Shower Door			1999	690	69	10	69		104	29	
30	HVAC Units			1999	77,202	5,610	15	5,147	(463)	7,720	30	
31	Non-facility depreciation					2,500			(2,500)		31	
32											32	
33											33	
34											34	
35											35	
36											36	

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37			\$	\$		\$	\$	\$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
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66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$365,997	\$12,368		\$18,140	\$5,772	\$86,248	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)
C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$109,660	\$16,967	\$19,620	\$2,653	5-10	\$42,258	71
72	Current Year Purchases	5,587	559	559		5	559	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$115,247	\$17,526	\$20,179	\$2,653		\$42,817	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Resident Care	1985 Ford Van	1987	\$13,039	\$	\$	\$	5	\$13,039	76
77	Administrative	1996 Ford Escort	1995	14,431	1,444	1,444		5	14,431	77
78										78
79										79
80	TOTALS			\$27,470	\$1,444	\$1,444	\$		\$27,470	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$508,714	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$31,338	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$39,763	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$8,425	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$156,535	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

SEE ACCOUNTANTS' COMPILATION REPORT

**** This must agree with Schedule V line 30, column 8.**

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:Roskamp Brothers
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.☒ YES☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:	1972	92	12/07/86	\$133,500	15		3
4	Additions							4
5								5
6								6
7	TOTAL		92		\$133,500			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized by the length of the lease
N/A
N/A
9. Option to Buy:☐ YES☒ NOTerms:Not disclosed in the lease*

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?☐ YES☒ NO
16. Rental Amount for movable equipment: \$14,141Description:Postage Meter - \$ 979, Fax Machine - \$ 4,485, Copier - \$ 8,677
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Resident Care	Vans	\$3525	\$31,073	17
18	Administrative	2001 Lexus	1455	17,832	18
19					19
20					20
21	TOTAL		\$	\$48,905	21

10. Effective dates of current rental agreement:
Beginning12/7/86
Ending12/7/01
11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending	Annual Rent
12.6/30/2002	\$67,500
13./2003	\$
14./2004	\$

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?	<input checked="" type="checkbox"/> YES	2. CLASSROOM PORTION:	3. CLINICAL PORTION:
	<input type="checkbox"/> NO	IN-HOUSE PROGRAM	IN-HOUSE PROGRAM
		IN OTHER FACILITY	IN OTHER FACILITY
		COMMUNITY COLLEGE	HOURS PER AIDE
		HOURS PER AIDE	

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

42

80

B. EXPENSES

ALLOCATION OF COSTS (d)

		12		3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$		\$	
2	Books and Supplies		486		486
3	Classroom Wages (a)		19,140		19,140
4	Clinical Wages (b)		10,164		10,164
5	In-House Trainer Wages (c)		8,942		8,942
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$ 38,732	\$	\$ 38,732
10	SUM OF line 9, col. 1 and 2 (e)	\$ 38,732			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$38,704

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	29
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	29

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8		
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service	Cost	Units	Cost					
1	Licensed Occupational Therapist							hrs	\$		\$
2	Licensed Speech and Language Development Therapist		hrs								2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist		hrs								4
5	Physician Care	L 39, C 3	visits		35	2,100		35	2,100		5
6	Dental Care	L 39, C 3	visits		48	2,870		48	2,870		6
7	Work Related Program		hrs								7
8	Habilitation		hrs								8
9	Pharmacy		# of prescripts								9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								10
11	Academic Education		hrs								11
12	Exceptional Care Program										12
13	Other (specify):										13
14	TOTAL			\$	83	\$ 4,970	\$	83	\$ 4,970		14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 324,018	\$ 324,018	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 10,000)	556,363	556,363	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	5,243	5,243	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	61,874	61,874	8
9	Other(specify): Due from Shareholder	708,800	708,800	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,656,298	\$ 1,656,298	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	148,700	365,997	15
16	Equipment, at Historical Cost	121,476	142,717	16
17	Accumulated Depreciation (book methods)	(100,846)	(156,535)	17
18	Deferred Charges		2,967	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe Deposits	5,803	5,803	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 175,133	\$ 360,949	24

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 63,651	\$ 63,651	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	17,766	6,233	29
30	Accrued Salaries Payable	152,886	152,886	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	24,253	18,553	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accrued Savings Plan	600	600	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 259,156	\$ 241,923	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	400,207	400,207	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 400,207	\$ 400,207	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 659,363	\$ 642,130	46

25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,831,431	\$ 2,017,247	25

47	TOTAL EQUITY(page 18, line 24)	\$ 1,172,068	\$ 1,375,117	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 1,831,431	\$ 2,017,247	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 586,583	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 586,583	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	685,488	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(100,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 585,488	17
	B. Transfers (Itemize):		
18	Rounding	(3)	18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ (3)	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 1,172,068	24 *

Operating entity only

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 4,195,832	1
2	Discounts and Allowances for all Levels		2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 4,195,832	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements	38,704	11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	2,141	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 40,845	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	39,987	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 39,987	26
	E. Other Revenue (specify):****		

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	617,823	31
32	Health Care	1,018,788	32
33	General Administration	562,517	33
	B. Capital Expense		
34	Ownership	315,926	34
	C. Ancillary Expense		
35	Special Cost Centers	933,712	35
36	Provider Participation Fee	188,040	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 3,636,806	40
41	Income before Income Taxes (line 30 minus line 40)**	685,488	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 685,488	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.

27	Settlement Income (Insurance, Legal, Etc.)		27
28	See attached schedule 19A	45,630	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 45,630	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 4,322,294	30

Federal income tax return is filed using cash basis of accounting on a calendar year.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,506	2,615	\$ 56,357	\$ 21.55	1
2	Assistant Director of Nursing					2
3	Registered Nurses	6,870	7,256	120,795	16.65	3
4	Licensed Practical Nurses	820	841	14,380	17.10	4
5	Nurse Aides & Orderlies					5
6	Nurse Aide Trainees	1,402	1,488	38,246	25.70	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	4,526	4,669	39,364	8.43	10
11	Social Service Workers	1,163	1,262	24,048	19.06	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	15,737	16,115	125,313	7.78	15
16	Dishwashers					16
17	Maintenance Workers	2,219	2,285	20,229	8.85	17
18	Housekeepers	15,138	15,544	117,783	7.58	18
19	Laundry	9,206	9,700	69,379	7.15	19
20	Administrator	1,872	1,872	69,576	37.17	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	1,738	1,874	26,215	13.99	23
24	Clerical	4,291	4,512	66,412	14.72	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	1,719	1,803	26,125	14.49	28
29	Resident Services Coordinator	1,352	1,480	26,041	17.60	29
30	Habilitation Aides (DD Homes)	51,765	52,771	561,199	10.63	30
31	Medical Records	711	777	11,206	14.42	31
32	Other Health Care(specify)					32
33	Other(specify)					33

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	52	\$ 8,881	L1, C3	35
36	Medical Director	Monthly	32,808	L9, C3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	1,800	L10, C3	39
40	Physical Therapy Consultant	218	10,668	L10A, C3	40
41	Occupational Therapy Consultant	26	1,735	L10A, C3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	72	4,012	L10A, C3	43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47	Psychiatric Consultant	32	6,558	L10, C3	47
48	Psychologist Consultant	138	10,200	L10, C3	48
49	TOTAL (lines 35 - 48)	538	\$ 76,662		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	19	\$ 698	L10, C3	50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)	19	\$ 698		53

34	TOTAL (lines 1 - 33)	123,035	126,864	\$ 1,412,668 *	\$ 11.14	34	SEE ACCOUNTANTS' COMPILATION REPORT
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* This total must agree with page 4, column 1, line 45.

** See instructions.

Facility Name & ID Number	Genesis House
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XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions			
Name	Function	Ownership %	Amount	Description		Amount	Description		Amount	
Catherine A. Bachand	Administrator	100%	\$ 69,576	Workers' Compensation Insurance		\$ 13,269	IDPH License Fee		\$	
				Unemployment Compensation Insurance			Advertising: Employee Recruitment		10,978	
				FICA Taxes		122,449	Health Care Worker Background Check		1,514	
				Employee Health Insurance		45,298	(Indicate # of checks performed 126)			
				Employee Meals		15,593	Licenses and Permits		270	
				Illinois Municipal Retirement Fund (IMRF)*			Dues and Subscriptions		507	
				Gifts		156				
				Other Employee Benefits		2,272				
TOTAL (agree to Schedule V, line 17, col. 1)										
(List each licensed administrator separately.)			\$ 69,576							
B. Administrative - Other										
Description			Amount				Less: Public Relations Expense		()	
			\$				Non-allowable advertising		()	
							Yellow page advertising		()	
							TOTAL (agree to Sch. V,		\$ 13,269	
				TOTAL (agree to Schedule V,		\$ 199,037	line 20, col. 8)			
TOTAL (agree to Schedule V, line 17, col. 3)			\$	E. Schedule of Non-Cash Compensation Paid			G. Schedule of Travel and Seminar**			
(Attach a copy of any management service agreement)				to Owners or Employees			Description		Amount	
C. Professional Services				Description		Line #	Amount	Out-of-State Travel		\$
Vendor/Payee	Type	Amount								
American Express Tax & Business	Accounting	\$ 35,451								
Altschuler Melvoin & Glasser	Accounting	10,764								
Harris Kessler & Goldstein	Legal	7,650								
Shefsky & Froelick Ltd	Legal	6,152						In-State Travel		
Healthcare Business	Creditor Fees	10,281								
Piper Marbury Rudnick & Wolfe	Legal	1,195								
3D Computer Systems	Computer Services	4,945								
Health Data System	Computer Services	7,330						Seminar Expense		8,260
Information Controls	Computer Services	1,255						See attached schedule		
Computer Bay	Computer Services	1,306								
American Title	Legal Search	14								
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$	Entertainment Expense		()	
(If total legal fees exceed \$2500 attach copy of invoices.)			\$ 86,343				(agree to Sch. V,			
							line 24, col. 8)		\$ 8,260	

*** Attach copy of IMRF notifications**
SEE ACCOUNTANTS' COMPILATION REPORT

****See instructions.**

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
1	Repairs to refrigeration	9/99	\$ 2,936	3	\$	\$	\$ 489	\$ 979	\$ 979	\$ 489	\$	\$	\$
2	Electrical work	10/99	2,999	3			500	1,000	1,000	499			
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 5,935		\$	\$	\$ 989	\$ 1,979	\$ 1,979	\$ 988	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Genesis House

0031906

Report Period Beginning: 07/01/00

Ending: 06/30/01

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? No
If YES, give association name and amount. N/A
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5.0
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 7,419 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
-
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 188,040
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 15,593 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 0
- d. Have vehicle usage logs been maintained? Yes
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? Yes**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ -0-
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? N/A If no, please explain. N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes

for an individual employee? No If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustments	Adjusted Total
1. Dietary	125,313	19,417	8,881	153,611	0	153,611	0	153,611
2. Food Purchase	0	123,743	0	123,743	0	123,743	-15,593	108,150
3. Housekeeping	117,783	14,887	0	132,670	0	132,670	0	132,670
4. Laundry	69,379	12,735	0	82,114	0	82,114	0	82,114
5. Heat and Other Utilities	0	0	58,398	58,398	0	58,398	0	58,398
6. Maintenance	20,229	12,702	34,356	67,287	0	67,287	1,979	69,266
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	332,704	183,484	101,635	617,823	0	617,823	-13,614	604,209
9. Medical Director	0	0	32,808	32,808	0	32,808	0	32,808
10. Nursing & Medical Records	816,103	26,270	19,256	861,629	0	861,629	0	861,629
10a. Therapy	0	0	16,415	16,415	0	16,415	0	16,415
11. Activities	39,364	5,792	0	45,156	0	45,156	0	45,156
12. Social Services	24,048	0	0	24,048	0	24,048	0	24,048
13. Nurse Aide Training	38,246	486	0	38,732	0	38,732	0	38,732
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	917,761	32,548	68,479	1,018,788	0	1,018,788	0	1,018,788
17. Administrative	69,576	0	1,134	70,710	0	70,710	-18,528	52,182
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	86,343	86,343	0	86,343	-12,341	74,002
20. Fees, Subscriptions & Promotion	0	0	13,429	13,429	0	13,429	-160	13,269
21. Clerical & General Office	92,627	14,947	27,608	135,182	0	135,182	-2,058	133,124
22. Employee Benefits & Payroll	0	0	183,444	183,444	0	183,444	15,593	199,037
23. Inservice Training & Education	0	0	3,981	3,981	0	3,981	0	3,981
24. Travel and Seminar	0	0	13,529	13,529	0	13,529	-5,269	8,260
25. Other Admin. Staff Trans	0	0	11,817	11,817	0	11,817	0	11,817

26. Insurance-Prop.Liab.Malpractice	0	0	44,082	44,082	0	44,082	0	44,082
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	162,203	14,947	385,367	562,517	0	562,517	-22,763	539,754
29. Total General Administrative	1,412,668	230,979	555,481	2,199,128	0	2,199,128	-36,377	2,162,751
30. Depreciation	0	0	34,838	34,838	0	34,838	4,925	39,763
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	64,273	64,273	0	64,273	-42,035	22,238
33. Real Estate	0	0	20,269	20,269	0	20,269	0	20,269
34. Rent - Facility & Grounds	0	0	133,500	133,500	0	133,500	0	133,500
35. Rent - Equipment & Vehicles	0	0	63,046	63,046	0	63,046	0	63,046
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	315,926	315,926	0	315,926	-37,110	278,816
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	0	4,970	4,970	0	4,970	0	4,970
40. Barber and Beauty Shop	0	0	0	0	0	0	0	0
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42. Provider Participation	0	0	188,040	188,040	0	188,040	0	188,040
43. Other (specify):*	0	0	928,742	928,742	0	928,742	-928,742	0
44. Total Special Cost Ce	0	0	1,121,752	1,121,752	0	1,121,752	-928,742	193,010
45. Grand Total	1,412,668	230,979	1,993,159	3,636,806	0	3,636,806	-1,002,229	2,634,577

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	324,018	324,018
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	556,363	556,363
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	5,243	5,243
7. Other Prepaid Expenses	0	0
8. Accounts Receivable-Owner/Related Party	61,874	61,874
9. Other (specify):	708,800	708,800
10. Total current assets	1,656,298	1,656,298
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	0
14. Buildings, at Historical Cost	0	0
15. Leasehold Improvements, Historical Cost	148,700	365,997
16. Equipment, at Historical Cost	121,476	142,717
17. Accumulated Depreciation (book methods)	-100,846	-156,535
18. Deferred Charges	0	2,967
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	5,803	5,803
23. other (specify):	0	0
24. Total Long-Term Assets	175,133	360,949
25. Total Assets	1,831,431	2,017,247
CURRENT LIABILITIES		
26. Accounts Payable	63,651	63,651

27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	17,766	6,233
30. Accrued Salaries Payable	152,886	152,886
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	24,253	18,553
33. Accrued Interest Payable	0	0
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	600	600
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	259,156	241,923
LONG TERM LIABILITES		
39.Long-Term Notes Payable	400,207	400,207
40.Mortgage Payable	0	0
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	0	0
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	400,207	400,207
46.Total Liabilities	659,363	642,130
47.Total Equity	-198,908	-2,659,377
48.Total Liabilities and Equity	460,455	-2,017,247

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	4,195,832
2. Discounts and Allowances for all Levels	0
Subtotal - Inpatient Care	4,195,832
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	0
7. Oxygen	0
Subtotal - Anciliary Revenue	-
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	38,704
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	0
14. Non-Patient Meals	0
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	0
18. Sale of Supplies to Non-Patients	0
19. Laboratory	0
20. Radiology and X-Ray	0
21. Other Medical Services	2,141
22. Laundry	0
Subtotal - Other Operating Revenue	40,845
24. Contributions	0
25. Interest and Other Investments Income	39,987

Subtotal - Non-Operating Revenue	39,987
27. Other Revenue (specify):	45,630
28. Other Revenue (specify):	0
Subtotal - Other Revenue	45,630
30. Total Revenue	4,242,320
31. General Services	680,120
32. Health Care	1,154,988
33. General Administration	668,561
34. Ownership	144,710
35. Special Cost Centers	60,174
35. Provider Participation Fee	41,063
37. Other	0
40. Total Expenses	2,749,616
41. Income Before Income Taxes	-6,991,936
42. Income Taxes	0
43. Net Income or Loss for the Year	-6,991,936

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10 Attachment of Real Estate Bill and fill out form

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12 P12 does not show totals, it carries to P12a, therefore P12a must always be attached

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19 The bottom right side of page under **, you must write in any comments

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RECONCILIATION REPORT

Genesis House

02:46 PM 11/07/05

ITEM	Value 1	Cond.	Value 2	Difference	RESULTS	COMPARE CEL	SUB- SCHED.	LINE NO.	COL. NO.	WITH CELL	SUB- SCHED.	LINE NO.	COL. NO.
Adjustment Detail	-1,002,229	equal to	-1,002,229	0	O.K.	Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7
Interest Expense	22,238	equal to	22,238	0	O.K.	Pg9 P34	A.	15	10	Pg4 L13	N/A	32	8
Real Estate Tax Expenses	20,269	equal to	20,269	0	O.K.	Pg10 W24	B.	5	N/A	Pg4 L14	N/A	33	8
Amortization exp. Pre-opening & org.	N/A	equal to	0	#VALUE!	#VALUE!	Pg11 I33	E.	3	N/A	Pg4 L12	N/A	31	8
Ownership Costs-Depreciation	39,763	equal to	39,763	0	O.K.	Pg13 Y28	E.	49	2	Pg4 L11	N/A	30	8
Rental Costs A	133,500	equal to	133,500	0	O.K.	Pg14 L20+N22	A.	7 + 8	4+N/A	Pg4 L15	N/A	34	8
Rental Costs B	63,046	equal to	63,046	0	O.K.	Pg14 J30+N40	B.+ C.	16+21	N/A+4	Pg4 L16	N/A	35	8
Nurse Aid Training Prog.	38,732	equal to	38,732	0	O.K.	Pg15 L36	B.	10	1	Pg3 L23	N/A	13	8
Special Serv.- Staff Wages		equal to		0	O.K.	Pg16 N32	N/A	14	3	Pg4 E22	N/A	39	1
Therapy Services	16,415	equal to	16,415	0	O.K.	Pg16 Z12+Z14..	N/A;B	1-4;40-43	8;2	Pg3 H20	N/A	10a	4
Special Serv.- Supplies		equal to	#VALUE!	#VALUE!	#VALUE!	Pg16 V32	N/A	14	6	Pg4 F22 + Pg 3	N/A	39,10a	2
Income Stat. General Serv.	617,823	equal to	617,823	0	O.K.	Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4
Income Stat. Health Care	1,018,788	equal to	1,018,788	0	O.K.	Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4
Income Stat. Admininstation	562,517	equal to	562,517	0	O.K.	Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4
Income Stat. Ownership	315,926	equal to	315,926	0	O.K.	Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4
Income Stat. Special Cost Ctr	933,712	equal to	933,712	0	O.K.	Pg19 P17	N/A	35	2	Pg4 H21..H24+†	N/A	38to41+43	4
Income Stat. Prov. Partic.	188,040	equal to	188,040	0	O.K.	Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4
Staff- Nursing	816,103	equal to	816,103	0	O.K.	Pg20 K11..K15+	A.	1-5,24,25,27-30	3	Pg3 E19	N/A	10	1
Staff- Nurse aide Training	38,246	< or = to	38,246	0	O.K.	Pg20 K16	A.	6	3	Pg3 E23	N/A	13	1
Staff-Licensed Therapist	0	equal to		0	O.K.	Pg20 K17	A.	7	3	Pg4 E22	N/A	39	1
Staff- Activities	39,364	equal to	39,364	0	O.K.	Pg20 K19+K20	A.	9+10	3	Pg3 E21	N/A	11	1
Staff- Social Serv. Workers	24,048	equal to	24,048	0	O.K.	Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1
Staff- Dietary	125,313	equal to	125,313	0	O.K.	Pg20 K22..K26	A.	16-Dec	3	Pg3 E9	N/A	1	1
Staff- Maintenance	20,229	equal to	20,229	0	O.K.	Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1
Staff- Housekeeping	117,783	equal to	117,783	0	O.K.	Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1
Staff- Laundry	69,379	equal to	69,379	0	O.K.	Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1
Staff- Administrative	69,576	equal to	69,576	0	O.K.	Pg20 K30..K32	A.	20-22	3	Pg3 E28	N/A	17	1
Staff- Clerical	92,627	equal to	92,627	0	O.K.	Pg20 K33..K34	A.	23+24	3	Pg3 E32	N/A	21	1
Staff- Medical Director	0	equal to		0	O.K.	Pg20 K37	A.	27	3	Pg3 E18	N/A	9	1
Total Salaries And Wages	1,412,668	equal to	1,412,668	0	O.K.	Pg20 K44	A.	34	3	Pg4 E29	N/A	45	1

Dietary Consultant	8,881	< or = to	8,881	0	O.K.	Pg20 X12	B.	35	2	Pg3 G9	N/A	1	3
Medical Director	32,808	< or = to	32,808	0	O.K.	Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3
Consultants & contractors	2,498	< or = to	19,256	-16,758	O.K.	Pg20 X14..X16+	B. & C.	17to39 and 50to5	2	Pg3 G19	N/A	10	3
Activity Consultant	0	< or = to		0	O.K.	Pg20 X21	B.	44	2	Pg3 G21	N/A	11	3
Social Service Consultant	0	< or = to		0	O.K.	Pg20 X22	B.	45	2	Pg3 G22	N/A	12	3
Supp. Sched.- Admin. Salar.	69,576	equal to	69,576	0	O.K.	Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1
Supp. Sched.- Admin. Other		equal to	1,134	#VALUE!	#VALUE!	Pg21 I24	B.	N/A	N/A	Pg3 G28	N/A	17	3
Supp. Sched.- Prof. Serv.	86,343	equal to	86,343	0	O.K.	Pg21 I41	C.	N/A	N/A	Pg3 G30	N/A	19	3
Supp. Sched.- Benefit/Taxes	199,037	equal to	199,037	0	O.K.	Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8
Supp. Sched.- Sched of dues..	13,269	equal to	13,269	0	O.K.	Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8
Supp. Sched.- Sched. of trav	8,260	equal to	8,260	0	O.K.	Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8
Gen. Info - Particip. Fees	188,040	equal to	188,040	0	O.K.	Pg23 I38	N/A	11	N/A	Pg4 G25	N/A	42	3
Gen. Info - Employee Meals	15,593	< or = to	15,593	0	O.K.	Pg23 S16	N/A	16	N/A	Pg3 K33	N/A	2 & 22	7
Gen. Info - Employee Meals	15,593	equal to	15,593	0	O.K.	Pg23 S16	N/A	16	N/A	Pg21 P12	D.	N/A	N/A
Nurse aide training	38,246	equal to	38,246	0	O.K.	Pg15 U29..U31	B.	3, 4 & 5	4	Pg3 E23	N/A	13	1
Days of medicare provided	0	equal to	0	0	O.K.	Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4
Adjustment for related org. costs		equal to	0	#VALUE!	#VALUE!	Pg5 Z18	B.	34	1	Pg6 to Pg 6I Y4(B.	14	8
Total loan balance	406,440	equal to	406,440	0	O.K.	Pg9 L34	A.	15	7	Pg17 V13+V27..	N/A	29+39-41	2
Real estate tax accrual	18,553	equal to	18,553	0	O.K.	Pg10 W15	B.	4	N/A	Pg17 V17	N/A	32	2
Land	0	equal to		0	O.K.	Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2
Building cost	365,997	equal to	365,997	0	O.K.	Pg12 to 12I L43	B.	36	4	Pg17 K26+K27	N/A	14 & 15	2
Equipment and vehicle cost	142,717	equal to	142,717	0	O.K.	Pg13 O22+L13	C.& D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2
Accumulated depr.	156,535	equal to	156,535	0	O.K.	Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2
End of year equity	1,172,068	equal to	1,172,068	0	O.K.	Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1
Net income (loss)	685,488	equal to	685,488	0	O.K.	Pg18 I15	N/A	7	1	Pg19 P30	N/A	43	2
Unamortized deferred maint. cost	2,967	equal to	2,967	0	O.K.	Pg22 F31-J31..5	H.	20	3	Pg17 K30	N/A	18	2
Balance Sheet	1,831,431	equal to	1,831,431	0	O.K.	Pg17:H41		25	1	Pg17 S41	N/A	48	1